

City of Torrance

Basic Life Enrollment Form - Retiree

General Employee Information:

First Name:	Last Name:	SSN #
Date of Birth:	Date of Hire:	Date of Retirement:

Basic Life:

Available to eligible retirees only. Coverage is on a voluntary basis and premiums are paid for by the retiree
The maximum amount is the amount of Basic Life coverage that was in effect on the day prior to your retirement date.

Please indicate your amount of Coverage:

- ☐ \$50,000
- ☐ \$100,000
- ☐ \$200,000
- ☐ Waived

NOTE:

Coverage must be elected within 31 days of the date of retirement
Benefits reduce due to age.
At age 70, the original amount is reduced to 65% and at age 75, the original amount is reduced to 50%

Employee Signature

Date